

2060

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			State Index No. 45	
County	Gavapai.		County Registered No.	129
District	Jerome.		Local Registrar's No.	29
Town	Jerome.			
Or City				
ORIGINAL CERTIFICATE OF DEATH (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <i>Valentine Diaz</i>				
PERSONAL AND STATISTICAL PARTICULARS				
SEX	Color or Race	MARRIAGE		
<i>F</i>	<i>White</i>	<i>Married</i>		
DATE OF BIRTH		SINGLE MARRIED WIDOWED or DIVORCED		
<i>apr 1888</i>				
AGE		If less than 1 day		
<i>33</i>				
OCCUPATION	<i>Housewife</i>			
BIRTHPLACE (State or country) <i>Spain</i>				
PARENTS				
NAME OF FATHER <i>Enrique Pratt</i>				
BIRTHPLACE OF FATHER (State or country) <i>France</i>				
MAIDEN NAME OF MOTHER <i>Anna Cano</i>				
BIRTHPLACE OF MOTHER (State or country) <i>Spain</i>				
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <i>Louis Diaz</i>				
(Address) <i>Jerome</i>				
PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL OR REMOVAL		
		191		
UNDERTAKER		ADDRESS		
MEDICAL CERTIFICATE OF DEATH				
DATE OF DEATH <i>Mar 15 1921</i>				
(Month) (Day) (Year)				
I hereby certify that I attended deceased from <i>3/15 1921</i> to <i>3/15 1921</i> ; that I last saw <i>er</i> alive on <i>3/15 1921</i> , and that death occurred on the date stated above at <i>3:30</i> P. M. The DISEASE or INJURY causing death was as follows: <i>Eclampsia</i>				
(Duration) <i>18 hours</i>				
Was disease contracted in Arizona? <i>yes</i>				
If not, where?				
CONTRIBUTORY (Duration) <i>3/15 1921</i>				
(Signed) <i>J. M. Walsh</i>				
(Address) <i>Jerome</i>				
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
LENGTH OF RESIDENCE				
At place of death, yrs. mos. ds. In Arizona, yrs. mos. ds.				
Former or Usual Residence				
Filed <i>4-13 1921</i> <i>Alcedo</i>				
Local Registrar				
County Registrar <i>John W. Flinn</i>				